

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION | | | |
| O.I.P.E. CLASSIFIER | | 43 | 1/1/01 |
| FORMALITY REVIEW | TR | 50947 | 01/12/01 |
| RESPONSE FORMALITY REVIEW | | | |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 + Restricted O Objected

| Claim | Final | Original | Date |
|-------|-------|----------|---------|
| 1 | ✓ | ✓ | 1/5/02 |
| 2 | ✓ | ✓ | 1/12/02 |
| 3 | ✓ | ✓ | 1/12/02 |
| 4 | ✓ | ✓ | 1/12/02 |
| 5 | ✓ | ✓ | 1/12/02 |
| 6 | ✓ | ✓ | 1/12/02 |
| 7 | ✓ | ✓ | 1/12/02 |
| 8 | ✓ | ✓ | 1/12/02 |
| 9 | ✓ | ✓ | 1/12/02 |
| 10 | ✓ | ✓ | 1/12/02 |
| 11 | ✓ | ✓ | 1/12/02 |
| 12 | ✓ | ✓ | 1/12/02 |
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| 45 | ✓ | ✓ | 1/12/02 |
| 46 | ✓ | ✓ | 1/12/02 |
| 47 | ✓ | ✓ | 1/12/02 |
| 48 | ✓ | ✓ | 1/12/02 |
| 49 | ✓ | ✓ | 1/12/02 |
| 50 | ✓ | ✓ | 1/12/02 |

| Claim | Final | Original | Date |
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| Claim | Final | Original | Date |
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If more than 150 claims or 10 actions
staple additional sheet here

(LEFT INSIDE)